



County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
EMERGENCY MEDICAL SERVICES
6255 MISSION GORGE ROAD, MAIL STOP S-555
SAN DIEGO, CA 92120
(619) 285-6429 • FAX (619) 285-6531

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

Medical Director's Update for Base Station Physicians' Committee June, 2014

Drug shortages continue to crop up. Most recently, a shortage of normal saline for infusion, especially in the 1,000 mL bags we use. Please see my June 10 memo to the system. Suggestions to deal with the shortage include only hanging an IV bag when fluids are needed. If medications are likely to be needed, a saline lock may be used, and would be available if fluids are needed. Any size saline bag may be used for infusions, 1,000 mL through 250 mL. Make sure the bag is not leaking or doesn't appear contaminated, as always. If no saline is available from supplier, Ringer's lactate solution may be used, but mention that to the hospital when you arrive. Contact EMS if you need any additional information or cannot obtain normal saline.

The 30th anniversary of the trauma system was celebrated last week. The system began on August 1, 1984 and has treated 225,000 patients. The celebration brought together those who worked on establishing the system, including Dr. Brent Eastman and Dr. David Hoyt. Before the system began a study reported that 21% of the trauma deaths were definitely or potentially preventable. The preventable death rate declined quickly after the system started, and has been below 1% since. The death rate among the most severely injured patients has been dropping for 20 years.

Over the years, there has been a 162% increase in the number of trauma patients, in the face of population growth of 44%. In recent years, falls have replaced motor vehicle occupants injury as the most common cause of injury. Since 1986 falls have gone from 7% of trauma patients to 37%, while MVA occupants from 31% to 15%. Fall related trauma admissions increased 789% since 1986. Motorcycle and assault injuries are down as a percent of admissions. Penetrating injuries peaked in 1992 after a large increase, but dropped almost in half by 2012. The mortality rate of the most severely injured patients, with ISS scores 15 or higher, has diminished every year since 1992.

Proposed revisions to the public safety first aid and CPR regulations were released by the state EMS Authority. Comments are due July 7, 2014.

Revised EMS policies are being issued. P-401 updates the paramedic scope of practice. P-402 Prehospital Determination of Death combines that policy with P-406 which separately covered aeromedical. P-403 addresses changes in Physician on Scene. The paramedic may assist the physician with ALS treatments. On-scene physicians are separated into those with a physician-patient relationship and those where there is no pre-existing relationship.

The Pulse Point initiative plans a mid-July start date. This is the app for cell phones that can alert someone who knows CPR and is registered with the program to a nearby cardiac arrest. The location of a nearby public AED will be part of the notification.

Work on the Base Assessment continues. This will evaluate the numbers of Bases and needs in the future.

The Protocol Revision Task Force will start work this summer and consider changes to protocols.

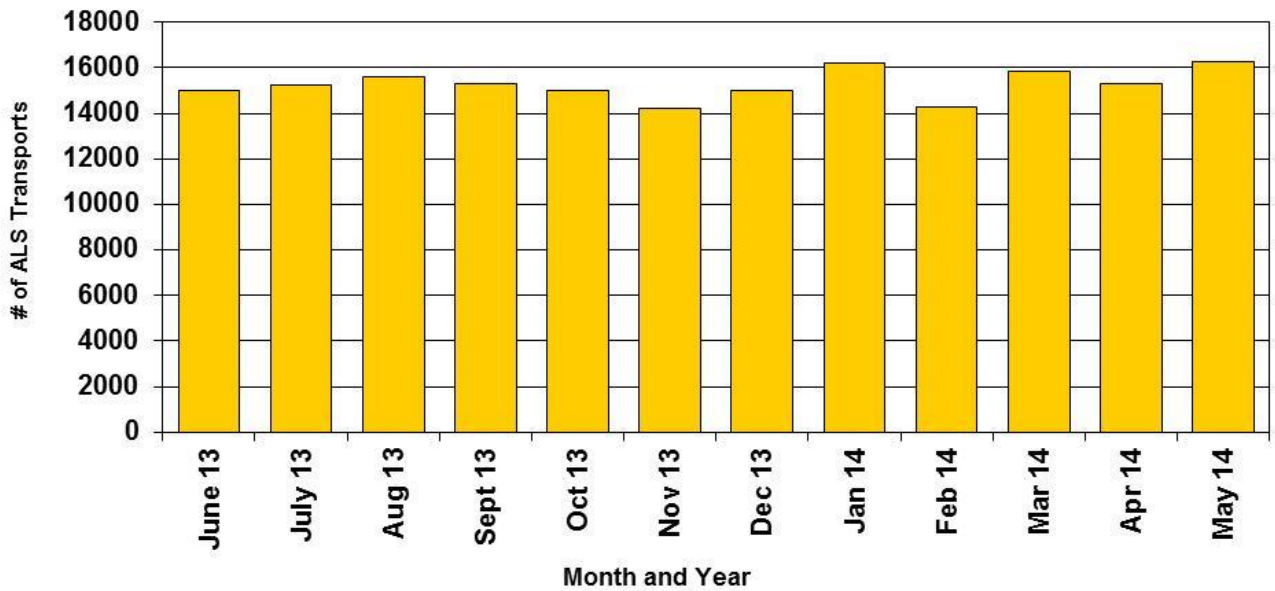
Annex D is undergoing revision this summer with changes in place by next fall.

The law enforcement naloxone project plans on starting education in the near future. That will evaluate the impact of deputy use of naloxone on suspected opioid overdoses.

Sidewalk CPR taught 3,100 persons compression only CPR during the June 5 event. CPR delivered during cardiac arrest is a strong indicator of survival.

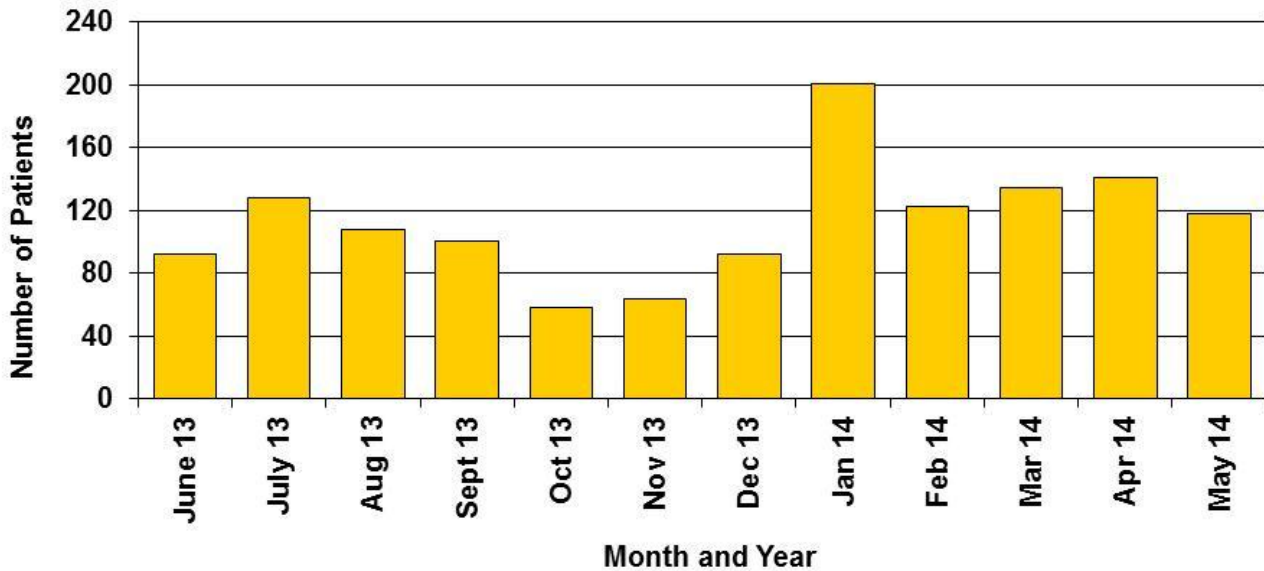
The POLST document is undergoing revision by a state committee. Any changes should not be extensive. They may change the order of patient preferences so choices for full treatment area more prominent. A recent publication reported that use of the POLST does change the location of patient deaths, consistent with patient preferences.

**Number of ALS Transports,
County of San Diego, June 2013 - May 2014**



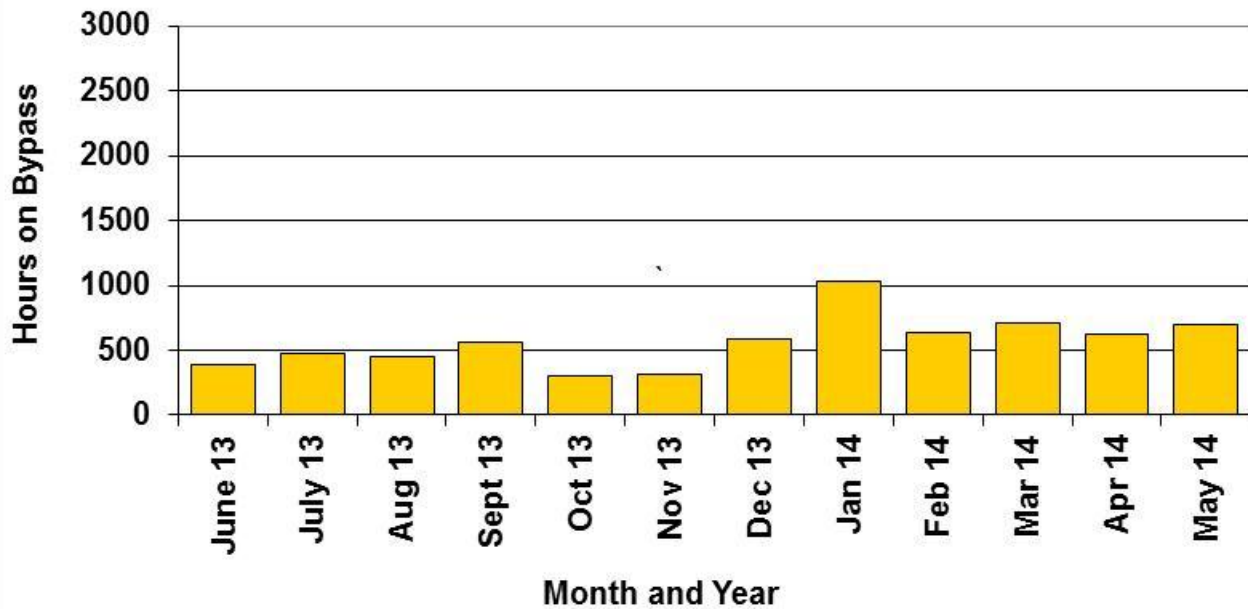
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, June 2013 –May 2014
 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

**Number of Patients who
Bypassed the Requested Hospital,
County of San Diego, June 2013 - May 2014**



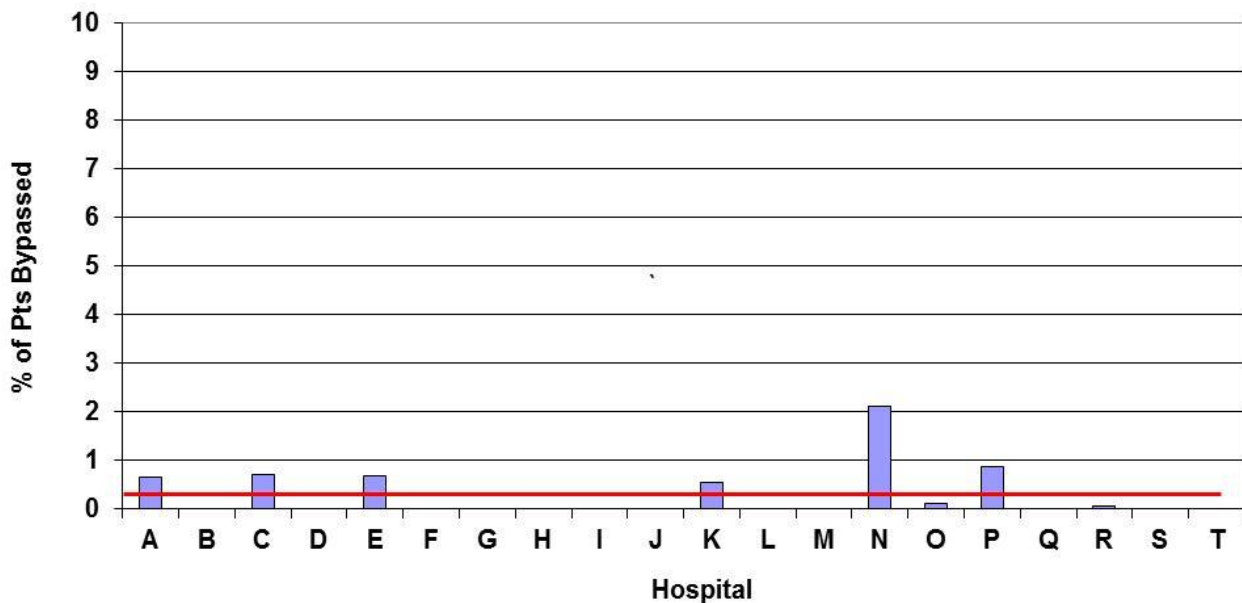
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, June 2013 –May 2014
 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Total Hours on Emergency Department Bypass County of San Diego, June 2013 - May 2014



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, June 2013 –May 2014

Percent of Patients Bypassed per Hospital, May 2014

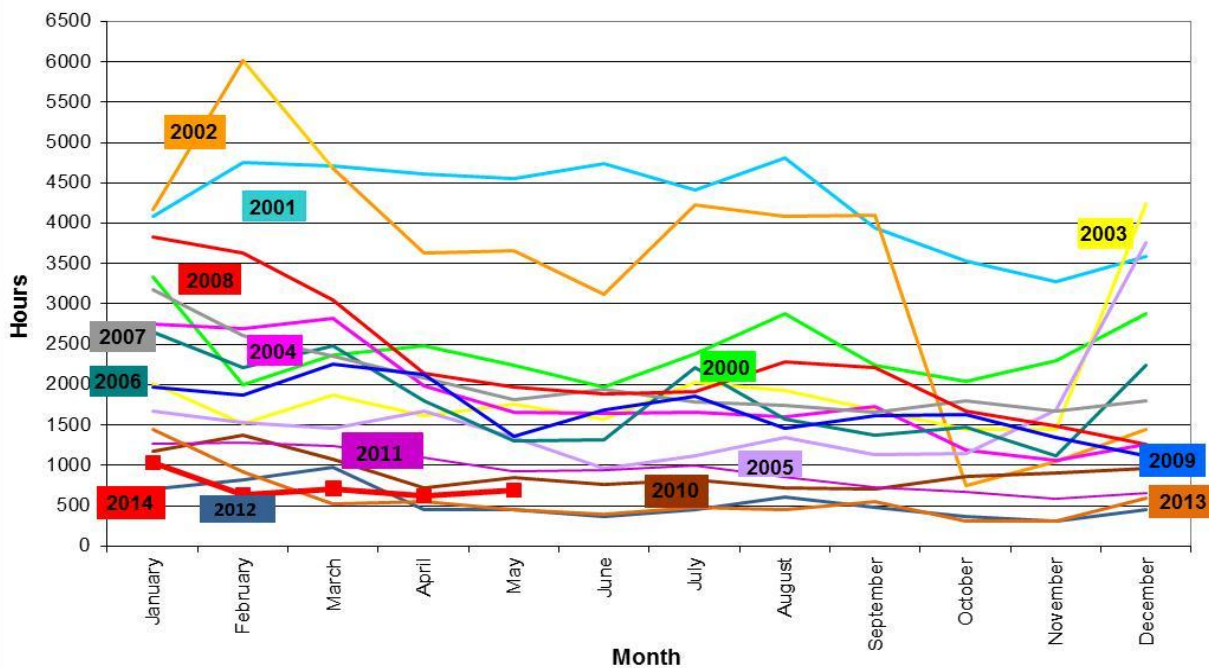


Note: The red line represents the mean value of percent of patients bypassed per hospital May 2014.

Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, May 2014

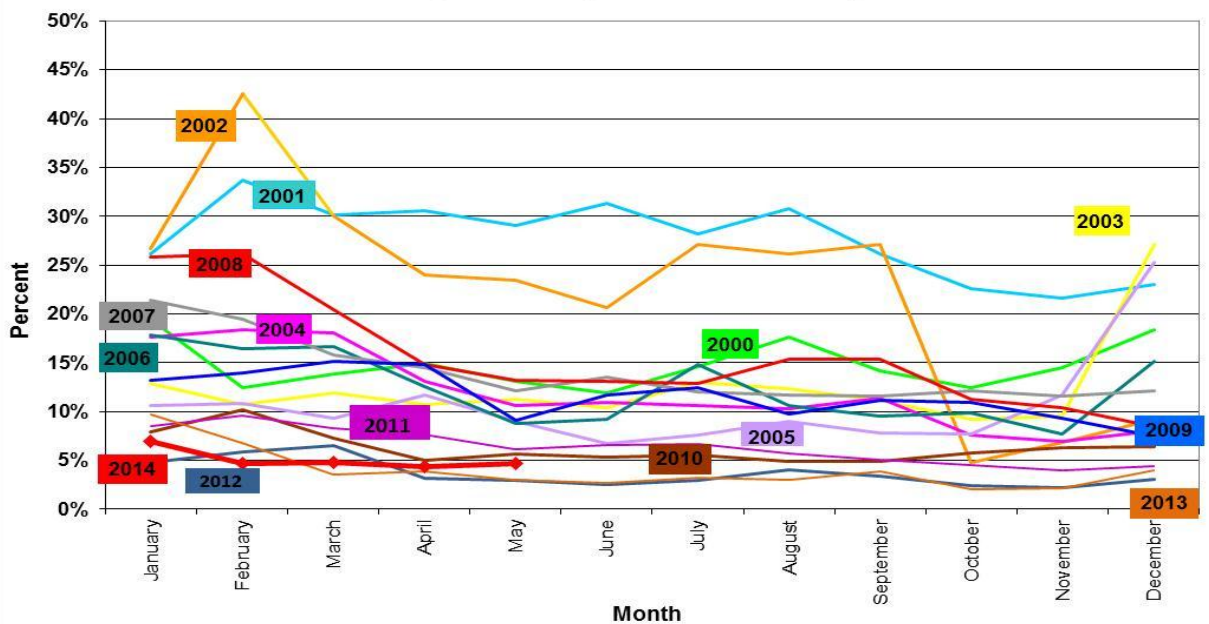
Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Total Hours on ED Saturation by Month and Year, San Diego County, Jan 2000 - May 2014



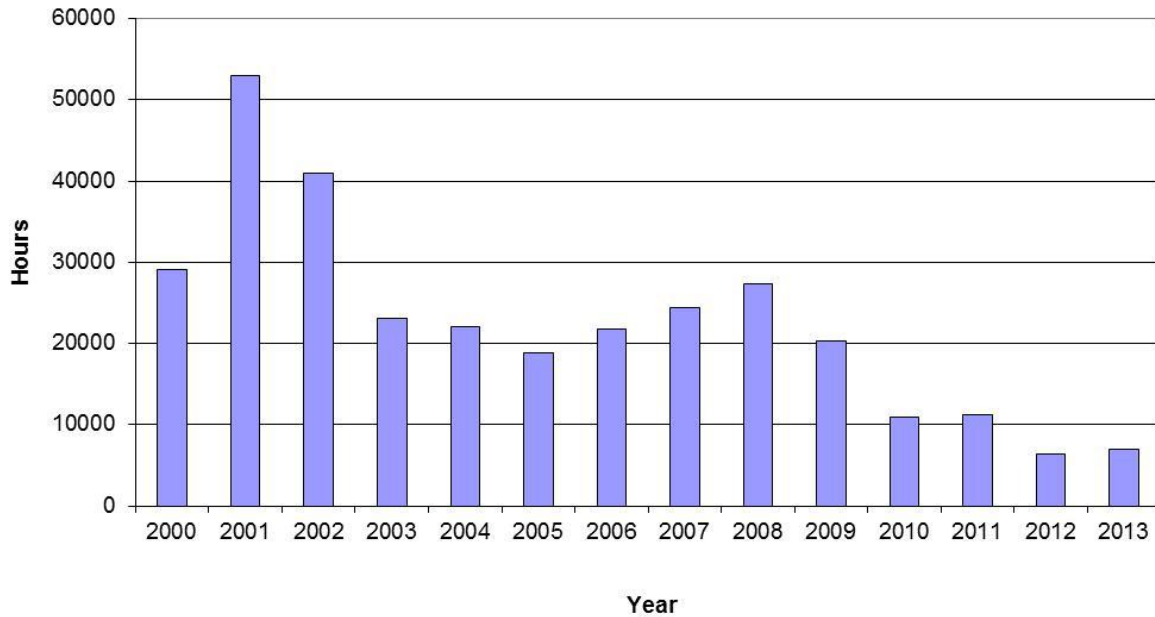
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –May 2014

Overall Percent Hours on ED Sat Per Month and Year San Diego County, Jan 2000 - May 2014



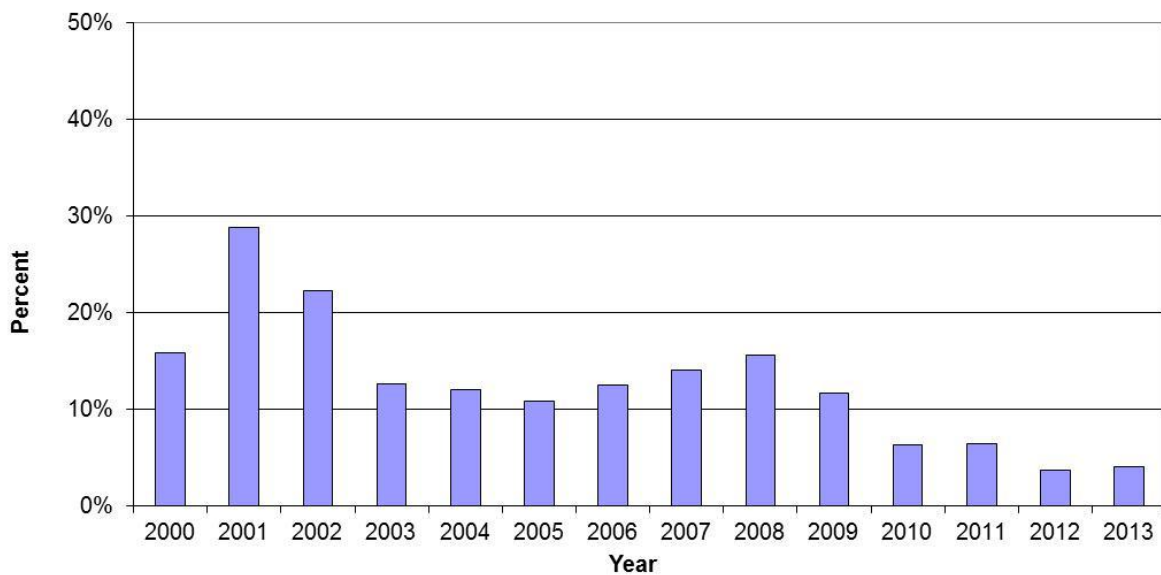
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –May 2014

Total Hours on ED Saturation by Year, San Diego County, 2000-2013



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2013

Overall Percent Hours on ED Saturation by Year, San Diego County, 2000-2013



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2013